

WAKO North American Open Championship Coaches Registration

Coach Name:			(first)		(last)
Address:	#	Street	City	Province/State	Zip Code
Email:			Phone: ()	
Club:					
Only persons w	vith Coach	Passes will be allow	ved in athletes corners	5. This rule will be st	trictly enforced.
Requirements and	d Regulatio	ns for Coaches at the N	WAKO North American Ch	nampionship	
3. Must be a mer	oaches Reg nber of thei	istration Form/Fee for r WAKO International	North American Champic Federation k Suits) in the corner (no		

- 5. Coaches cannot speak during competition rounds (coaching only permitted during 1 minute round breaks)
- 6. Coaches must follow good sportsmanship at all times or they will be removed from competition
- 7. Coaches must know WAKO rules for the kickboxing discipline their athletes are entered in

Regular Coach Registration/Fee - \$50 (Cash only – Available on Friday night registration only)

ACKNOWLEDGEMENT OF MEMBERSHIP REQUIREMENTS

I, the undersigned, acknowledge that my membership requires that I understand and adhere to the rules, regulations and policies of the Council of Amateur Sport Kickboxing. Failure to do so will result in my removal from specific activities and/or from membership. I give permission for any image of myself, taken by officers/staff/volunteers of the Council of Amateur Sport Kickboxing at approved events, to be used for promotions and publications of the organization in accordance with the Council of Amateur Sport Kickboxing's Privacy Policy.

ACKNOWLEDGEMENT OF RISKS

I, the undersigned, acknowledge and recognize the following aspects as relates to my participation in any and all events related to the activities of the Council of Amateur Sport Kickboxing; I am familiar with and accept that there is always the risk of serious injury and death resulting from participation in any organized recreational activity, including the demonstrations, competitions and like activities offered as part of the program of the Council of Amateur Sport Kickboxing; I understand that all applicable rules of safety regarding my participation must be followed; I will immediately remove myself from participation, and notify the nearest official if at any time I sense or observe any unusual hazard or unsafe condition or if I experience any problems in my physical, emotional or mental fitness, or that of my equipment.

Signature





BUREAU NATIONAL / NATIONAL OFFICI



International Federation

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